

GROUP FAMILY CHILD-CARE HOME

REGULATIONS FOR LICENSURE



**STATE OF RHODE ISLAND
DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES**

2014

Group Family Child-~~c~~Care Home Regulations for Licensure
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Rhode Island Department of Children, Youth and Families

Group Family Childc-Care Home Regulations for Licensure

SECTION ONE - GENERAL PROVISIONS

1.I. LEGAL BASIS

Rhode Island General Law (RIGL) 42-72.1 – Licensing and Monitoring of Childc-Care Providers and Child-Placing Agencies

RIGL 42-72-5 – Department of Children, Youth and Families (Power and Scope of Activities)

RIGL 40-13.2 – Certification of Childc-Care and Youth Serving Agency Workers

[RIGL 31-22-11.6 – Child Care Vehicles and School Extra-Curricular Vehicles](#)

2.II. DEFINITION

Group family childcare home means a residence occupied by an individual of at least twenty-one years of age, who provides care for not less than nine and not more than twelve children with the assistance of one or more approved adults, for any part of a twenty-four hour day. The maximum of twelve children includes children under six years of age who are living in the home, unrelated children under six years of age received for care, school age children under the age of twelve years, whether they are living in the home or are received for care, and children related to the provider who are received for care. These programs are subject to yearly licensing as addressed in Chapter 42-72.1 of the General Laws of Rhode Island (hereinafter, RIGL) and comply with all applicable state and local fire, health and zoning regulations. Any person who operates a group family childcare home as defined in RIGL 42-72.1-2 without a license is referred by the Department's childcare licensing unit to the Office of the Attorney General for prosecution in accordance with RIGL 42-72.1-7.

~~Family child care home means any home other than the child's home in which child care, in lieu of parental care and/or supervision, is offered at the same time to four (4) or more children who are not relatives of the care giver. These programs shall be licensed by the Department of Children, Youth and Families (DCYF) in accordance with Chapter 42-72.1 of the General Laws of Rhode Island (hereinafter RIGL). Issuance of a Family Child Care Home License is based on compliance with the regulations contained in this document and upon evidence that the home meets the appropriate state fire and health codes. A license is valid for a period of two years. Any person who operates a Family Child Care Home, as defined in RIGL 42-72.1-2, without a license shall be referred by the DCYF Child Care Licensing Unit to the Attorney General's Office for prosecution in accordance with RIGL 42-72.1-7.~~

SECTION TWO - LICENSING PROVISIONS

1.I. APPLICATION PROCESS

a.A. Orientation and Pre-service Training

1. An applicant interested in becoming a ~~child care~~childcare provider ~~must attend a DCYF the Department's fFamily cChildc-Care orientation and- The applicant receives the licensing application packet Duringduring the orientation, the licensing application packet is given to the applicant.~~
2. ~~The aApplicant must completes an-a DCYFDepartment approved fFamily cChild cCare training program prior to submitting the application to DCYFthe Department.~~

b.B. Application Packet

- ~~a.1.~~ The applicant submits the completed ~~licensing~~-application packet ~~must be submitted to the DCYF Department's Child Care Licensing Unit to initiate the Licensing process. Incomplete applications are not processed and are An returned incomplete packet will be returned~~ to the applicant.
- ~~4.~~ The application packet includes information ~~for regarding the~~ provider, assistants and emergency assistants.
- ~~b.~~ The provider ~~is responsible to ensure~~ that ~~any~~ assistants and emergency assistants complete ~~the relevant sections of the application in full. information.~~
- ~~b.2.~~ The following documents ~~are included are required to be submitted in the along with the~~ application packet:
 - ~~a.~~ Proof of home ownership or a notarized landlord authorization form.
 - ~~b.~~ Proof of a current Rhode Island State Identification Card.
 - ~~1.c.~~ Medical ~~references must be~~ references, which are signed by a licensed physician, for the applicant and any proposed assistants, including emergency assistants, stating that the individual has had a medical examination within the past six months, is in good health and is able to care for children, ~~and is free from tuberculosis based on a negative (<10 mm induration) Mantoux (PPD) tuberculin skin test.~~
 - ~~2.d.~~ Notarized Criminal History Affidavits (~~DCYF~~DCYF form #109) completed by the applicant and any proposed assistants, including emergency assistants, and evidence that they have been fingerprinted in accordance with DCYF Policy 900.0040: Criminal Records Checks.
 - ~~3.e.~~ Notarized Employment History Affidavits (~~DCYF~~DCYF form #108) completed by the applicant and any proposed assistants, including emergency assistants, in accordance with DCYF Policy 900.0035: Employment Background Checks Facility Operators/Facility Employees.
 - ~~f.~~ Copy of a written emergency preparedness/evacuation plan.
 - ~~g.~~ Copy of the daily ~~scheduleroutine.~~
 - ~~h.~~ Copy of the written behavior management policy.
 - ~~4.i.~~ ~~E~~Show evidence of current certification in pediatric CPR/First Aid training from the American Heart Association or the American Red Cross. ~~O.~~
 - ~~e.j.~~ Copy of high school diploma from an accredited institution or ~~d~~Provide documentation regarding completion of General Equivalency Diploma (GED), if applicable. An online diploma is not acceptable. High school diploma must be from an accredited institution. Online high school diploma is not acceptable. If the diploma or GED was obtained in another country, a copy of the original document with seal and translation is submitted ~~must be submitted.~~
 - ~~k.~~ ~~E~~Show evidence of liability insurance coverage for the child-care program. ~~Coverage is at least \$200,000 For each occurrence of negligence.~~
~~Ensure that medical reference has been completed.~~
 - ~~l.~~ Documentation that the home has been tested for radon and found safe. ~~Provide documentation that the home has been tested for radon and found safe.~~
 - ~~m.~~ ~~D~~Provide documentation that the home complies with recommendations developed pursuant to RIGL 23-24.6-14 is lead free or lead safe. (Lead Poisoning Prevention Act) and regulations developed in accordance with this statute.
 - ~~d.n.~~ Approved Completed fire inspection.
 - ~~5.o.~~ Evidence of completion of the ~~Department's group f~~Family ~~c~~Child ~~c~~Care orientation.
 - ~~p.~~ Evidence of completion of a ~~Department~~ approved ~~group f~~Family ~~c~~Child ~~c~~Care training program.
~~Completed a statewide criminal records check.~~
~~Completed DCYF agency clearance.~~

~~License Inspection — DCYF Child Care Licensing staff will make an annual visit to the applicant's home where the child care will be provided in order to determine compliance with these regulations.~~

- e.3. Every application for DCYF Department licensure to operate a group family child care/childcare home ~~shall be~~ accompanied by a fee, established in RIGL 42-72.1-5, payable to the Rhode Island General Treasurer.

C. Criminal Record Background Check and Clearance Of Agency Activity

c. Criminal Records Checks

1. The applicant and any proposed assistants, including emergency assistants, ~~shall~~ undergo statewide and nationwide criminal records checks, including fingerprinting. All members of the applicant's household ages eighteen and older must undergo a statewide criminal records check through the Attorney General's Bureau of Criminal Identification.
 2. Criminal records checks are completed in accordance with DCYF Department Policy 900.0040: Criminal Records Checks and Clearance of Agency Activity checks are completed in accordance with DCYF Policy 700.0105: Clearance of Agency Activity.
 - a. Results of all required criminal records checks and clearance of agency activity checks are received prior to licensure for provider and household members and prior to employment for assistants and emergency assistants.
 - b. Criminal history of any offense is reviewed and based upon such review, an applicant with a conviction of an offense that is not automatically disqualifying may be denied licensure when it is determined by the Department's licensing unit administrator that the conduct of the applicant impacts upon the fitness and suitability of the applicant to provide childcare.
 - c. Any Department involvement discovered in a Clearance of Agency Activity check is reviewed. ~~and b~~Based upon such review, an applicant with a history of Department involvement that is not automatically disqualifying may be denied licensure when it is determined by the Department's licensing unit administrator that the conduct of the applicant impacts upon the fitness and suitability of the applicant to provide childcare.
 - a.3. Within ten working days of receipt of written notification of disqualifying information, the applicant or staff may appeal the finding in accordance with DCYF Policy 100.0055: Complaints and Hearings.
- ~~b. Criminal records checks are completed in accordance with DCYF Policy 900.0040: Criminal Records Checks.~~
- a. This Policy includes a listing of criminal offenses that automatically disqualify an individual from seeking employment in a child care facility if that individual has been arrested and convicted or arrested pending disposition for one of the listed offenses.
- A. Additionally, criminal history of any offense will be reviewed and based upon such review, an applicant with a conviction of an offense that is not automatically disqualifying may be denied licensure if it is determined by the Child Care Licensing Supervisor that the conduct of the applicant impacts upon the fitness and suitability of the applicant to provide child care.
- 3.c. Results of all required criminal records checks must be received prior to licensure for operator and household members and prior to employment for assistants and emergency assistants.

d. DCYF Records Checks

~~1. The applicant, members of the applicant's household and any proposed child care assistants, including emergency assistants, must undergo a DCYF records check in accordance with DCYF Policy 700.0105: Clearance of Agency Activity.~~

~~1. DCYF Policy 700.0105 includes a listing of indicated allegations of child abuse and/or neglect that automatically disqualify a person from operating or seeking employment in a child care facility.~~

~~2. Additionally, all agency involvement will be reviewed and based upon such review, an applicant with a history of DCYF involvement that is not automatically disqualifying may be denied licensure if it is determined by the Child Care Licensing Supervisor that the conduct of the applicant impacts upon the fitness and suitability of the applicant to provide child care.~~

~~2. Results of all DCYF records checks must be received prior to licensure for operator and household members and prior to employment for assistants and emergency assistants.~~

~~e. Fire and Health Inspections – The applicant's home where the child care will be provided shall be approved by a duly authorized fire inspector as being in compliance with the applicable section of the State Fire Code and by the Health Department as being in compliance with applicable health and safety standards.~~

~~The lead inspection certificate indicating the home is lead-safe or lead-free. If the home is lead-safe, a yearly inspection must be conducted, and shown to be lead-safe.~~

~~The radon inspections must be in compliance with the applicable section of Health and Safety standards as set forth by the Health Department. The provider shall complete the family childcare home for radon every three years.~~

~~f. D.~~ The applicant demonstrates that the group family childcare home is in compliance with local zoning ordinances or has obtained a variance from such ordinances.

E. Prior to the issuance of a license, ~~an inspection visit is conducted by a~~ Department licensing unit staff, ~~who~~ visits the applicant at the proposed group family childcare home in order to determine compliance with the Group Family Childcare Home Regulations for Licensure.

II. PROVISIONAL LICENSE

Upon successful completion of the above-stated licensing requirements, the applicant receives within 120 days a provisional license, which is valid for six months. Prior to the expiration of this license the operation of the program is evaluated by the Department's childcare licensing unit.

2.III. LICENSE

A. ~~Upon successful completion~~ When a provider has successfully completed of the above-stated all of the requirements listed above in Section Two - Licensing Provisions, I. Application Process, a license ~~shall be~~ issued within 120 days and ~~shall be~~ valid for a period of two ~~(2)~~ years.

B. A license is issued to ~~a the designated p~~ Provider at ~~that individual's~~ the group family childcare home address and is not transferable to any other address. The license will apply only to the place of residence occupied by the applicant at the time of issuance.

1. ~~1.~~ The p Provider ~~shall notify~~ notifies the Department at least thirty ~~(30)~~ days prior to any change of address.

2. ~~The 2.~~ p Provider ~~shall notify~~ es the Department immediately of any change in telephone number.

C. The license entitles the ~~Department~~DCYF Director or designee and the ~~Office of the Child Advocate or designee~~ to be given to be given the right of entrance to the home to the group family childcare home, the privilege to inspect the group family childcare home and access to all records in order to ascertain compliance with regulations and to investigate complaints.

D. The Department conducts unannounced visits annually to ensure continued compliance with the **Group Family Childcare Home Regulations for Licensure**. Additional visits, announced and/or unannounced, occur as necessary.

~~D-E.~~ Any person providing care to three or fewer unrelated children for any part of a twenty-four hour day, not required by law to be licensed because that person will provide care for fewer than four (4) unrelated children for any part of a twenty-four (24) hour day, may voluntarily apply to the Department for licensure, though not required by law to obtain licensure.

F. ~~N-Capacity:~~ The provider shall not does not exceed the licensed capacity of the group family child care childcare home at any time.

~~_____~~ The provider notifies the Department in writing at least thirty days prior to the closure of the group family childcare home.

G. ~~P. Closure:~~ When a provider discontinues the operation of their family child care childcare home, they shall provide written notification to the Department at least 30 thirty days prior to the closure.

~~Access Provider shall allow representatives from the Rhode Island Department of Children, Youth and Families and the Rhode Island Office of the Child Advocate entrance to the family child care home at any time that child care is being provided. Department representatives and the Child Advocate or his/her designee shall be allowed to inspect the home to determine compliance with the Regulations and shall be allowed access to all records kept by the provider related to compliance with the Regulations for Licensure.~~

G-H. ~~The Advertising:~~ pProvider shall does not advertise as a child care childcare center, nursery school, pre-school or family group a family child care childcare home.

H-I. The provider posts the group family childcare home license in a prominent place in the home where it is visible to parents/guardians.

3.IV. VARIANCE

~~1-A.~~ The ~~DCYF Department's~~ Director or designee may grant a variance with respect to one of the following situations upon the submission of a written request setting forth the circumstances requiring the variance and demonstrating good cause for the variance to be granted.

1. The child of a provider under the age of six ~~(6)~~ years who would otherwise be counted as part of the maximum capacity for children in the home during the time that child care is provided may not be counted as part of the maximum capacity when the provider presents evidence that the child is engaged in a pre-school program and/or child-care arrangement during the hours that child-care is provided in the home.

~~3-2.~~ Any other request for variance that does not jeopardize the health, safety and well-being of the children in care will be is reviewed on a case by case basis and may be granted upon a finding of good cause.

~~2-B.~~ An approved variance will contain is granted for aa specified time length of time-frame and and be is subject to periodic review.

4.V. LICENSING VIOLATIONS AND COMPLAINTS

- A. Any complaint, ~~that alleges a violation of these regulations, will be~~ referred to the ~~DCYF Department's Licensing Division unit~~ for review, follow-up and corrective action when appropriate. Call corrective action plans must be approved by DCYF the Department prior to implementation.
 1. When a group family ~~child care~~childcare home is found to be in violation of these ~~Regulations~~, the ~~DCYF Department's Licensing~~ Administrator or designee sends written notice of the violation ~~(s)~~ to the provider. The ~~Notice~~ establishes a deadline for correcting the violation.
 2. The ~~Licensing~~ Administrator or designee initiates action to suspend, revoke or continue the license on probationary ~~s~~ status when the group family child ~~Care~~ Home remains in violation at the end of the designated time frame.
- B. Any complaint, ~~which~~ which alleges that a child has been abused and/or neglected in a group family child-care home, is ~~, will be~~ referred to Child Protective Services for review and/or investigation, in compliance with DCYF Department Policy: 500.0000 Reporting Child Abuse and/or Neglect.

5.VI. DENIAL, REVOCATION OR SUSPENSION OF A LICENSE

- 1.A. A license ~~may be~~ denied or revoked for the following reasons when:
 - a.1. The provider, assistant, emergency assistant or member of the provider's household has been convicted of, or is serving an active probationary sentence for a criminal offense, or has an arrest that is pending disposition, in ~~accordance~~ compliance with DCYF Department Policy 900.0040: Criminal Records Checks, section I. C above.
 - b.2. The provider, assistant, emergency assistant or other member of the provider's household has a history of ~~DCYF Department~~ involvement, in accordance with DCYF Policy 700.0105: Clearance of Agency Activity section I. D above.
 - c.3. A child ~~ren~~ in the custodial care of the provider, assistant or emergency assistant ~~have has~~ been adjudicated dependent, neglected, abused, wayward, or delinquent.
 - d.4. The provider, assistant or emergency assistant has a documented history of chemical or alcohol abuse within the past seven years.
 - e.5. The provider, assistant or emergency assistant fails to comply with duly promulgated ~~these duly promulgated regulations family group child care home regulations.~~
 - f.6. The provider, assistant or emergency assistant has ~~failed to comply with duly promulgated rules or~~ engaged in fraudulent ~~or, or other unlawful acts acts~~ or has altered documents while acting as an agent of, or participating in, any other state or federally funded program.
 7. The provider, assistant or emergency assistant fails to cooperate with the Department in the licensing process including the falsification or omission of facts.
- 2.B. The Department orders suspension of the license or curtailment of activities, pending proceedings for revocation or other action in accordance with Rhode Island General Law RIGL § 42-35-14(c) when the Department Director or designee finds that the public health, safety or welfare of children is compromised and emergency action is required. Licenses (<http://webserver.rilin.state.ri.us/Statutes/TITLE42/42-35/42-35-14.HTM>).

6.VII. PROCEDURE FOR APPEAL/HEARING

- 1.A. Any applicant for licensure or license holder may appeal any action or decision of a Departmental staff person, supervisor or administrator that is adverse to the person's his or her status as an applicant or license holder.

- ~~2.B.~~ All administrative appeals/hearings relating to licensing actions or decisions is held in accordance with DCYF Policy 100.0055, Complaints and Hearings.

7.VIII. DUAL FOSTER CARE LICENSE AND GROUP FAMILY CHILD-CARE LICENSE

~~a.A.~~ A foster care provider ~~will be~~ permitted to apply for a group fFamily cChild-cCare hHome ~~License~~ when ~~the following criteria are met:~~

1. The Applicant has held a fFoster cCare lLicense for a minimum of one ~~(1)~~-year and is in good standing with no licensing violations.
2. The Applicant ~~must be able to demonstrate~~ ability to comply with both the Group Family Child-cCare Home Regulations for Licensure and the Foster Care and Adoption Licensing Regulations for Licensure.

~~b.B.~~ The decision to ~~issue grant~~ a dual Family Child-Care Home lLicense ~~will be~~ made by the Licensing Administrator.

~~e.C.~~ ~~The following stipulations will apply W~~hen a group fFamily cChild-cCare hHome License ~~license~~ is issued to a licensed foster care or adoptive provider:

1. The Foster Care and Adoption License ~~will be limited with regard to~~ the numbers and ages of foster children allowed.
2. Foster and/or adoptive children ~~will be~~ counted in determining the total number of child care/childcare children allowed in the home.
3. Child care/Childcare payment ~~will not be~~ made for foster/kinship children in the group family child care/childcare home or in any other child-care facility.

8.IX. LICENSE RENEWAL

~~1.A.~~ The ~~DCYF Department's Child-Care lLicensing uU~~nit provides a renewal application packet to the group fFamily cChild-cCare hHome pProvider six ~~(6)~~ months prior to the expiration of the current license.

~~a.1.~~ The pPacket includes renewal information for provider, assistants and emergency assistants.

~~b.2.~~ The pProvider ~~is responsible to ensure~~ that assistants and emergency assistants complete all required renewal information.

~~2.B.~~ ~~Family Child-Care Home Provider is required to do T~~he following is required of the provider for renewal of the group fFamily child-care home license:

1. ~~Submission of the~~ completed renewal application and application fee to the Department's lLicensing uUnit at least four ~~(4)~~ months prior to the license expiration.

~~1.The Department's licensing unit Child-Care Licensing Unit will terminate~~ the renewal process and the group fFamily cChild-cCare hHome ~~will no longer~~ is not be licensed to provide child care/childcare ~~This allows sufficient time to complete the process.~~

~~b.2.~~ when the renewal process is not completed by the expiration of the license.

~~2.3.~~ ~~E~~Show evidence of Current certification in pediatric CPR/First Aid training from the American Heart Association or the American Red Cross.

4. Evidence of liability insurance for the childcare program.

~~3.~~Provide documentation regarding of completion of of General Equivalency Diploma (GED). The high school diploma must be from an accredited institution. An Online high school diploma is not acceptable. If obtained in another country, a copy of original, with seal and translation must be if submitted. if applicable (refer to SECTION THREE, II. A. below).

4. ~~E~~Show evidence of liability insurance coverage for the child care program, with e. Coverage is of at least \$200,000 for each occurrence of negligence.

5. Ensure that Completed medical references ~~has been completed.~~

6. ~~Provide Documentation that of completion of~~ required trainings ~~has been completed (refer to SECTION THREE, II. A. below).~~
7. ~~Provide Documentation that the home has been tested for~~that the group family childcare home has been radon-tested for radon and found safe.
8. ~~Provide Documentation that the home complies with recommendations developed pursuant to RIGL 23-24.6-14 (Lead Poisoning Prevention Act) and regulations developed in accordance with this statute is lead free or lead safe.~~
9. ~~Provide results~~Documentation of ~~completed of fire inspection with no violations approved fire inspection.~~
10. ~~Undergo a S~~statewide criminal records check with no disqualifying results. Refer to DCYF Policy 900.0040: Criminal Records Checks.
11. ~~Undergo a DCYF~~Department agency clearance with no disqualifying results. DCYF Policy 700.0105: Clearance of Agency Activity.
12. ~~Undergo a License Renewal Inspection~~—Prior to the renewal of license, the DCYF Department's Child Care Licensing ~~licensing unit~~ staff ~~will make~~conduct an inspection visit to the ~~applicant's provider's group family childcare home where the child care will be provided in order to determine continued compliance with these regulations.~~

~~3.C. Assistant is required to do the following. A~~ at the time of license ~~renewal~~renewal, the ~~assistant submits the following to provider~~ant is required to:

~~1. Submit the following renewal information to p~~ProviderMedical reference.:

~~1.~~

~~Documentation of high school diploma or General Equivalency Diploma (GED) from an accredited institution.~~

~~2.~~ Evidence of current certification in pediatric CPR/first aid training.

~~1.~~ Documentation of completion of required trainings.

~~3.~~

~~2.~~ Medical reference.

~~Documentation of high school diploma and/or General Equivalency Diploma (GED) from an accredited institution.~~

~~3. Evidence of current certification in pediatric CPR/first aid training from an approved source.~~

~~4. Documentation that required training has been completed (refer to SECTION THREE, II.B. below).~~

~~2.4.~~ Undergo a A statewide criminal records check with no disqualifying results found. DCYF Policy 900.0040: Criminal Records Checks.

~~3.5.~~ Undergo a A Department DCYF clearance of agency clearance activity check with no disqualifying results found. DCYF Policy 700.0105: Clearance of Agency Activity.

~~D.~~ At the time of license renewal, the emergency assistant ~~submits the following to the provider is required to:~~

~~4. Emergency Assistant is required to do the following at the time of license renewal:~~

~~1. Submit renewal information and medical~~Medical reference ~~to provider to~~ Provider.:

~~2.~~ Undergo a A statewide criminal records check with no disqualifying results found. DCYF Policy 900.0040: Criminal Records Checks.

~~3.~~ Undergo a A cclearance of agency activity check with no disqualifying results found. DCYF Policy 700.0105: Clearance of Agency Activity.

~~Undergo a statewide criminal records check.~~

~~3. Undergo a DCYF agency clearance.~~

SECTION THREE - LICENSING STANDARDS

I. PHYSICAL SPACE AND HOME SAFETY

- A. Overall Condition of the Group Family Child-cCare Home
1. The group family childcare home shall be maintained in compliance with all applicable state and local housing and fire codes.
 - ~~i.2.~~ The group family childcare home shall be maintained in good repair and in a clean, neat, hazard-free condition.
 - ~~ii.3.~~ Trash must be covered and properly stored.
 - ~~iii.4.~~ The group family childcare home shall be kept free from rodent and insect infestation.
- B. Radon-~~Safety~~
1. The pProviders shall show evidence that the home has been tested for radon and has been found to be radon safe.
 2. Retesting shall be done every three ~~(3)~~ years in accordance with the Rules and Regulations for Radon Control issued by the Rhode Island Department of Health. (<http://www.health.ri.gov/healthrisks/poisoning/radon/for/schoolspublicbuildingandchildcarecenters/>)
- C. Lead Paint-~~Safety~~
1. There ~~shall not be~~ not any interior or exterior peeling or damaged paint or plaster in any area of the group fFamily cChild-cCare hHome, ~~either interior or exterior.~~
 2. The group fFamily cChild-cCare hHome serving children under the age of six ~~(6)~~ years shall comply with rules and regulations promulgated by the Rhode Island Department of Health for lead safety pursuant (<http://www.health.ri.gov/programs/healthyhomesandchildhoodleadpoisoningprevention/>) to RIGL 23-24.6-14 (Lead Poisoning Prevention Act) and shall comply with recommendations resulting from lead inspections conducted pursuant to the above referenced statute and regulations.
- ~~F when~~
- ~~4. Yearly inspections shall be conducted when the home is determined to be lead safe.~~
- D. ~~Smoke and Carbon Monoxide Detectors and Fire Extinguishers~~ Fire Safety
1. An authorized state fire inspector-marshal approves the group family childcare home annually for compliance with state fire code.
 2. The group family child-care home shall have has approved smoke detectors located outside sleeping areas in the immediate vicinity of bedrooms. Bedrooms or sleeping rooms, separated by other use areas, such as kitchen or living rooms, but not bathrooms, shall require a separate detector. In basements or cellars, smoke detectors shall be located at the top of the stairway.
 3. The group family childcare home shall be equipped with a carbon monoxide detector.
- The family-group family childcare home is equipped There shall be with a five ~~(5)~~ pound, ABC fire extinguisher located in the kitchen area.
4. All fire extinguishers are replaced when used or expired, or serviced and tagged by a competent authority when the seal is broken.
- All fire extinguishers are replaced or serviced and tagged by by a competent authority or when the seal is broken.
- ~~E. Hot and cCold rRunning wW~~ ater is available for the care of the children.
- ~~1-E.~~ There shall be ~~Hhot~~ Hot and cold running water is available for the care of the children.
- ~~2-1.~~ The home's domestic hot water system and hand washing sinks shall be set no higher than 120° degrees F.
 - ~~3-2.~~ A groundwater consultant tests the water for potability. Water testing shall be done at the time of licensing and upon renewal when the household water supply is not from a public source.

F. Stairways

1. ~~Stairways that are used by children shall have a railing at the children's height.~~
- 2.1. Stairways ~~shall be~~ well-lighted and kept clear of obstructions.
- 3.2. ~~In homes where~~ If children under three (3) years of age are in care, there shall ~~be~~ be a gate which ~~gate that~~ is kept securely fastened at the entry to any stairway accessible to children ~~when there are children underless than three years of age in care.~~

G. Ventilation, Glass Doors and Windows

1. Each room used by children ~~shall have~~ is ventilated.
2. ~~Each room used by children with~~ has at least one window that allows for natural light and measures:
 - a. A minimum of 20 inches in width.
 - b. A minimum of 24 inches in height.
 - c. A minimum net clear opening of 5.7 square feet. (5.0 square feet for ground floor).
 - d. No more than 44 inches sill height above floor. ~~at least one window that allows for lighted.~~
- 2.3. Clear glass doors ~~shall be~~ clearly marked at children's eye level.
- 3.4. ~~All doors and windows which are used for ventilation~~ windows used for ventilation ~~shall be~~ securely screened.
- 4.5. ~~If~~ windows above the first floor ~~are~~ used for ventilation, ~~they shall be~~ opened from the top or are secured with safety guards.

H. Indoor Space

1. ~~There shall be~~ sufficient indoor space to allow for ~~At least~~ thirty-five ~~(35)~~ square feet of usable indoor space per child in care is required.
~~Any furniture in the area shall be appropriate for children's use.~~
2. ~~This space~~ Required indoor space ~~shall be~~ exclusive of bathrooms, hallways and any rooms that are used for activities other than child-care.
3. ~~A~~ ~~shall be~~ adequate open space is available to allow for program activities and freedom of movement by the children.
4. Furniture in the areas of the group family childcare home designated for childcare is appropriate for children's use.
5. ~~Provisions for~~ Children sleeping/napping/nap ~~shall be made on the level of the group family childcare~~ is provided home where the childcare is provided.

I. Outdoor Play Areas

1. The ~~p~~Provider ~~shall identify~~ and ~~area or areas~~ for outdoor ~~play which~~ play that ~~shall be~~ safe, protected and free from hazards such as ~~access to the street access~~, debris, broken glass, animal waste, peeling paint, tools, ~~and~~ construction materials, open drainage ditches, wells, holes, and bodies of water. A natural barrier or a fence ~~of~~ at least four ~~(4)~~ ~~feet~~ feet in height ~~shall be~~ required for the outdoor play area.
2. Outdoor porches and decks above the first floor ~~shall not be~~ not used as play areas unless they are fully enclosed and structurally sound.
3. Outdoor porches and decks at the first floor level, ~~used as play areas,~~ ~~shall be~~ enclosed with a minimum of a four ~~(4)~~ foot railing ~~and with the slats shall be not more than 3 1/2 inches apart and with a~~ ~~There shall be~~ a gate that is kept securely fastened at the entry to any steps or stairways.
4. The ~~p~~Provider, assistant or emergency assistant ~~(s)~~ ~~shall~~ directly supervise s outdoor play at all times.

J. Bathroom and Toileting

1. The group family child-care home ~~shall have~~has a minimum of one ~~(1)~~ toilet and one hand washing sink located in the bathroom. The bathroom ~~shall be~~is located in an area that is readily available to the children in care. Locks on bathroom doors ~~should be~~are not ~~be~~ within the reach of children or when they are, the provider ~~shall have~~has a key readily accessible.
2. ~~When training chairs are used for toilet training, they shall be~~are emptied and sanitized after each use. ~~Training chairs shall not be considered~~are not a substitute for the required toilet.
3. Toilets and training chairs ~~shall be~~are located in rooms separate from those used for cooking and/or eating.

K. ~~K.~~ Food Storage

1. Food ~~shall be~~is properly stored, covered and/or refrigerated.
2. The refrigerator temperature ~~shall be~~is maintained at 41 ~~degrees~~° F or ~~less below~~less than and the freezer temperature at 0 ~~degrees~~° F or ~~less below~~less than.

L. ~~L.~~ Telephones and Emergency Numbers

1. There ~~shall be~~is a working telephone in the ~~child-care~~childcare area. The phone ~~shall be kept in working order and shall be~~is readily available for use in case of an emergency.
2. Emergency phone numbers, including 911, local fire and police departments, the Child Abuse and Neglect Hotline (1-800-742-4453), emergency room or hospital, family physician and poison control center ~~shall be~~is posted in a conspicuous place, adjacent to each phone in the child-care area.
3. The names and phone numbers of a parent/guardian and emergency contact persons for each child in care ~~shall be~~is kept in a private folder, to ensure confidentiality, adjacent to the phone in the child-care area.

M. Cleanliness

1. All parts of the home and ~~its~~ premises ~~shall be kept~~are in good repair, clean, neat and free of hazards.
2. Maintenance of the home ~~shall be~~is done when children are not present.

N. Furniture

1. ~~There shall be a~~A sufficient quantity of furniture is available in the home to accommodate the number of children to be enrolled.
2. All furniture including cribs, pack and plays, playpens and car seats meets U.S. Consumer Product Safety Commission Standards and documentation of compliance is maintained at the group family childcare home.
3. Furniture is safe, durable, child-sized and and easily cleaned. It shall.
4. Seating ~~shall be~~is provided for every child in care.

Sleeping/Resting Arrangements

- ~~There shall be regular periods of quiet activity or resting/sleeping appropriate to the needs of the children. There shall be an opportunity for children have an opportunity to rest for at least thirty (30) minutes, but no child shall be forced to sleep. For children who do not require sleep, time and space shall be provided for quiet play.~~
- ~~While resting or sleeping, children shall be directly supervised by the provider or an assistant who is on the same floor where the children are sleeping. Monitors shall not take the place of in person supervision. Doors to any room shall remain open at all times.~~
- ~~Lighting to permit appropriate supervision shall be provided in sleeping areas when children are sleeping, napping or resting.~~
- ~~Children under the age of one year napping in cribs shall be monitored by in-person checks at least every ten (10) minutes. The provider shall maintain a written record of crib checks for each child under the age of one (1) year.~~

- ~~Children's heads and faces are not to be covered at any time during resting/sleeping/napping.~~
- ~~To reduce the risk of Sudden Infant Death Syndrome, infants shall be placed on their backs to sleep unless there are medical orders or a written statement from the parent/guardian requiring alternative positioning.~~
- ~~Cribs shall have firm, well-fitting mattresses and crib sheets. sheepskins, beanbags, waterbeds, comforters and pillow shall not be used.~~
- ~~Pillows, quilts, comforters, stuffed toys, bumper pads, and other soft products are not permitted in infant cribs.~~
- ~~Children shall have their own bedding and it shall be stored separately to prevent contamination.~~
- ~~Spaces between the upright slats in cribs shall not exceed 2 3/8 inches. There shall be no cutouts in crib head and/or foot boards.~~
- ~~Bottles Children shall not be in cribs with bottles.~~
- ~~If Cots or mats are used for sleeping or resting, they are Children shall sleep or rest on cots mats that are at least two (2) inches thick, couches or beds. Children shall not sleep or rest directly on the floor.~~
- ~~When Cots and mats are used for sleeping, they shall be cleaned daily after each use, weekly if not shared by children. If children share mats, they shall be cleaned between each use weekly.~~
- ~~Cribs, pack and plays, and playpens must meet U.S. Consumer Product Safety Commission Standards and documentation is maintained at the Family Child Care Home.~~
- ~~Swings, bouncers, infant seats/car seats, infant carriers, carriages or air mattresses are not allowed for sleeping.~~

O. Use of Basements/Cellars for Child ~~c~~Care

1. Children shall ~~are not be~~ cared for in the cellar or basement area of a home unless there are windows, and two ~~(2)~~ exits from the area, one of which ~~shall be~~ is a door leading directly to the outside without the use of stairs. and must have windows.
2. Bulkheads and overhead garage doors are not acceptable exits.
3. Windows shall be ~~are~~ above grade and ~~shall be~~ are unobstructed, to allow for natural light to enter the room. Windows measurements are:
 - a. A minimum of 20 inches in width.
 - b. A minimum of 24 inches in height.
 - c. A minimum net clear opening of 5.7 square feet. (5.0 square feet for ground floor).
 - d. No more than 44 inches sill height above floor.
- 3.4. ~~Basements shall~~ are not be used for sleeping unless the boiler/furnace room is constructed to provide a ~~one hour~~ one-hour fire rating. This ~~would include~~ s fire-rated sheet rock on the walls and ceiling and a fire-rated door. Enclosures ~~shall be~~ are provided with an air vent to the outside sufficient for proper combustion and exhaust.

~~5. The term basement includes all areas that are more than 50% below ground level.~~

P. Heating System

1. The group family ~~child care~~ childcare home ~~shall have~~ has a heating system capable of maintaining a minimum temperature of 65° ~~degrees~~ F in all areas accessible to the children.
2. All heating equipment ~~shall have~~ has proper controls for controlling the temperature, ignition and safety. ~~Also~~ A an auxiliary switch wired to a position that is remote from the boiler/furnace area is required in order to shut off the boiler/furnace without entering a danger area in the event of a fire.
3. All heating elements, including hot water pipes, wood stoves, electric space heaters and radiators in areas used by children ~~shall be~~ are insulated, protected or

barricaded so that they ~~will be~~ are not a danger to the children and ~~will be~~ are not a fire hazard.

4. Asbestos insulation covering any pipes or heating elements ~~shall be~~ is intact and properly sealed.

5. Fireplaces ~~shall be~~ are securely screened or equipped with protective guards at all times.

Q. Humidifiers, Dehumidifiers and Vaporizers

1. Humidifiers, dehumidifiers and vaporizers ~~shall be kept~~ are out of the reach of children and used and maintained according to manufacturers' ~~directions~~ instructions.

2. Parent/guardian ~~shall be~~ are notified when such appliances are used in the group family ~~child care~~ childcare home.

R. ~~S.~~ Electrical Outlets

1. Every electrical outlet within the children's reach ~~shall be~~ is covered with a choke proof, child resistant device while not in use.

2. Electrical cords ~~shall be~~ are taped or fastened so that they are not a hazard to children.

3. Electrical cords ~~shall~~ are not ~~be~~ frayed or damaged.

4. Electrical outlets ~~shall not be~~ are never overloaded.

5. Electrical extension cords ~~is prohibited~~ are prohibited.

S. ~~U. Window Blind Cords~~—Window blind cords ~~shall be~~ are secured, out of the reach of children, to prevent strangulation.

T. Firearms

1. The provider and household members who have possession of firearms ~~shall obtain the~~ are show proof of proper licenses or permits to the extent required by law.

2. Firearms ~~shall be~~ are stored, unloaded, and locked in a ~~place which is~~ place that is inaccessible to children during the hours childcare is provided in the home.

3. Ammunition ~~shall be~~ is stored separately under lock during the hours that ~~child care~~ childcare is provided in the home.

U. ~~W.~~ Swimming Pools

1. Swimming pools ~~are~~ shall be securely fenced ~~to prevent access by the children~~.

a. The fence ~~shall be~~ is at least six ~~(6)~~ feet high with a locked gate.

b. Above-ground pools ~~may~~ have a four ~~(4)~~ foot fence extension along the outer rim of the pool.

c. ~~;~~ provided that The ladder leading to the pool folds up and locks into place and the height from the ground is a least six ~~(6)~~ feet.

2. Pools, including wading and inflatable pools, ~~shall~~ are only ~~be~~ used under the direct supervision of the provider or assistant. ~~(s)~~

3. Pools without a filtration system ~~must be~~ are emptied and disinfected after each use.

4. ~~The p~~Provider ~~shall~~ obtains written permission from a parent/guardian prior to taking a child into a pool.

~~_____X. The use of trampolines is prohibited in family child care homes.~~

II. ~~HEALTH, NUTRITION~~ AND WELL-BEING

A. ~~Reporting Child Abuse and Neglect~~

1. Any suspected case of child abuse and/or neglect is reported to the Department of Children, Youth and Families CPS hotline (1-800-RI-CHILD) within twenty-four

hours in accordance with state law and DCYF Policy 500.0000: Reporting Child Abuse and/or Neglect.

2. Any death or serious injury of a child while in the care of the provider is reported to the Department of Children, Youth and Families CPS hotline (1-800-RI-CHILD) within twenty-four hours. The provider reports to the Department's licensing unit immediately after reporting to the CPS hotline.

B. A person whose health or behavior would endanger the health, safety or well-being of children is not permitted to live in the home or be on the premises while children are in care.

B.C. General Health Examinations

1. Physical Examination Forms—Prior to enrollment and annually thereafter, the ~~group fFamily Child Care~~home pProvider shall obtains from the parent/guardian a statement that the child has had a physical examination:
 - a. Signed by a licensed health care provider (physician, physician assistant, certified registered nurse practitioner, other licensed practitioner acting within his/her scope of practice).~~that~~
 - e.b. The child has had an age appropriate history and physical examination, assessing the health and well-being of the child and- indicating any allergies, conditions or handicaps affecting the child's general health that may require special care.
~~Exemptions to Immunization Requirements—A child may only be permanently exempt from the immunization requirements for either of the two (2) reasons stated below:~~
~~The child's health care provider has signed the Rhode Island Department of Health's Medical Immunization Exemption Certificate attesting that the child is exempt from a specific vaccine because of medical reasons.~~
~~The parent/guardian has signed the Rhode Island Department of Health's Religious Immunization Exemption Certificate attesting that immunization conflicts with the tenets of their religious beliefs.~~
 - e.c. Lead Screening—The physical examination form shall includes evidence that the child has been screened for lead poisoning in accordance with the rules and regulations promulgated by the Rhode Island Department of Health ~~pursuant to RIGL 23-24.6 (Lead Poisoning Prevention Act).~~
 2. Exemption to the Lead Screening Requirement—The lead screening requirements ~~shall do~~ not apply when the child's parent/guardian signs a sworn statement indicating that lead screening is contrary to his/her religious tenets and practices.
- A.3. Documentation of the physical examination is maintained on file in the child's record.

G.D. The pProvider invites the parent/guardian to a preadmission intake meeting to obtain health and family history, background information on the child and his/her home, and to develop the child's program. Areas of discussion could include, but are not limited to:

1. Child's strengths and needs.
2. Family's ~~ies~~ goals for a child.
3. Family history and background.
4. Necessary supports and accommodations to ensure the child's health, safety and early learning and development.

D.E. Immunizations and Testing for Communicable Diseases

1. The provider adopts policies and procedures consistent with the Rhode Island Department of Health's Rules and Regulations Pertaining to Immunization and Communicable Disease in Preschool, School, Colleges or Universities
<http://www.health.ri.gov/immunization/for/schools/>.

~~RUBELLA: At the time of application, or upon initial employment, all female providers, assistant and emergency assistants of child bearing age (up to 35 years of age) shall be required to have a rubella (German measles) susceptibility blood test; or show proof of immunity by previous testing; or produce a record of having received rubella vaccine.~~

~~IMMUNIZATION RECORDS: Each child upon first entering a home shall furnish the provider with one of the following:~~

~~Evidence that each child has been immunized, or is being immunized according to schedule against diphtheria, pertussis, tetanus, polio, measles, Haemophilus influenza B, rubella, and mumps or has had natural disease;~~

~~or an Immunization Exemption Forms from a licensed physician stating that child is not a fit subject for immunization for medical reasons;~~

~~or a certificate signed by the parent or guardian stating that immunizations are contrary to his/her beliefs. (said form is available through the Office of Disease Control at the Rhode Island Department of Health);~~

~~No child may enter a family child care home unless evidence is submitted that the child has received initial doses of required vaccines.~~

~~The provider shall be responsible for maintaining a current record of immunization for the child who is not fully immunized, documenting when immunizations take place, and following up with the parent to insure that the child is being immunized according to schedule.~~

~~Acceptable evidence of immunization consist of:~~

~~A written statement signed by a licensed physician; or~~

~~An official immunization record card, school immunization record, Medical Passport, World Health Organization Immunization record, or~~

~~Other official immunization record acceptable to the Office of Disease Control of the Rhode Island Department of Health; or~~

~~Electronically stored and/or transmitted documentary record (facsimile transmission, computerized records, records on magnetic media or similar record) as may be utilized by a home;~~

~~The immunization record shall contain the day, month, and year of each dose of vaccine administered.~~

~~When a child transfers to another family child care home, center or school, the child's immunization record shall be released to the authorized center, home or school official.~~

2. Upon a child's first entry to any group family childcare home, the parent/guardian provides ~~to the provider:~~

a. evidence that the child has been immunized or is being immunized according to schedule; or

b. an immunization exemption form from a licensed physician stating that the child is not a fit subject for immunization for medical reasons; or

c. a certificate signed by the parent/guardian stating that immunizations are contrary to his/her beliefs. (Form is available through the Office of Disease Control at the Rhode Island Department of Health).

~~3.No child may enter a family childcare home unless evidence is submitted that the child has received initial doses of required vaccines.~~

~~4.3.~~ The provider is responsible for maintaining a current record of immunizations for the child who is not fully immunized; documenting when immunizations take place, and following up with the parent/guardian to ensure that the child is being immunized according to schedule.

~~5.4.~~ Acceptable evidence of immunization consists of:

a. a written statement signed by a licensed physician; or

b. an official immunization record card, school immunization record, medical passport, World Health Organization immunization record; or

c. other official immunization record acceptable to the Office of Disease Control of the Rhode Island Department of Health; or

~~d. electronically stored and/or transmitted documentary record (facsimile transmission, computerized records, records on magnetic media or similar record) as may be utilized by a program/school.~~

6.5. The immunization record contains the day, month and year of each dose of vaccine administered.

E.F. ~~Child Exhibiting Symptoms of Illness:~~ A child exhibiting any of the following symptoms or signs of illness ~~shall be~~ excluded from child-care until an assessment has been completed by a physician or health care provider:

1. ~~For~~ An infant under four (4) months of age ~~with~~, an ~~axillary~~ auxiliary temperature (armpit) above 100° degrees F, ~~is considered a fever. An infant under four (4) months of age who has a fever,~~ without any other signs of illness, ~~should be~~ excluded from ~~the child-care~~ childcare, ~~and~~ The parent/guardian ~~should be~~ encouraged to seek medical attention.
2. ~~For children, a fever is defined as an oral temperature above 101° degrees F or an axillary~~ auxiliary (armpit) temperature about 100° degrees F. ~~It is the general recommendation that a~~ Children over four months ~~be~~ are excluded for a fever above 101° F or an auxiliary (armpit) temperature above 100° F and when accompanied by behavior changes, signs, or symptoms of illness, ~~that require further evaluation accompany it.~~
3. ~~Diarrhea is defined by more watery stools, a decrease form of stools not associated with dietary changes, and increase frequency of passing stool that is not contained by the child's ability to use the toilet. A child with diarrhea illness of an infectious origin may be allowed to return to the family childcare home once the diarrhea resolves unless the infectious agent was Salmonella, Shigella, or E. Coli. These require negative stool cultures before return to the childcare home. Contact the Rhode Island Department of Health with any questions.~~
4. Blood in the stools not explainable by dietary change, medication or hard stools.
5. Vomiting (two (2) or more episodes ~~of vomiting~~ in the previous twenty-four (24) hours). Exclude until vomiting resolves or until a health care provider determines that the cause of the vomiting is not contagious and the child is not in danger of dehydration.
6. ~~Persistent~~ Abdominal ~~pain (which pain that (continues more than two (2) hours) or intermittent pain associated with fever or other signs and systems.~~
7. Mouth sores with drooling, unless the health care provider determines that the child is not contagious.
8. Rash with fever or behavior change, until a physician determines that these symptoms do not indicate a contagious disease.
9. Purulent conjunctivitis (pinkeye: accompanied by white or yellow eye discharge), until after treatment ~~has been~~ is initiated.
10. Head lice, until after treatment is completed.
11. Scabies, until treatment has been initiated.
12. Tuberculosis, until a health care provider or health official states that the child is ~~on receiving~~ receiving appropriate therapy and can attend child-care.
13. Impetigo, until twenty-four (24) hours after treatment has been initiated.
14. Strep throat or other streptococcal infection, until twenty-four (24) after initial antibiotic treatment and cessation of fever.
15. Chickenpox, until all sores have crusted over (usually six (6) days).
16. Pertussis (whooping cough), ~~until, until~~ five (5) days after antibiotic treatment ~~is has been~~ completed.
17. Mumps, until nine (9) days after onset of parotid gland swelling.
18. Hepatitis A virus, until one (1) week after onset of illness, jaundice, or as directed by the Rhode Island Department of Hhealth ~~department~~.
19. Measles, until four (4) days after onset of rash.
20. Rubella (German measles), until six (6) days after onset of rash.
21. Unspecified respiratory tract illness.

22. ~~Shingles.~~
~~Herpes simplex.~~
23. ~~The~~The illness prevents the child from participating comfortably in activities, ~~as determined by the child care provider~~
24. ~~The provider determines that if~~The illness results in a greater need for care than the ~~child care staff~~provider can providegive without compromising the health and safety of the other children, ~~as determined by the child care provider.~~
~~Documentation of the health assessment shall be maintained on file in the child's record. A note signed by the child's parent/guardian that includes the date, time and results of the assessment and name of the health care provider consulted shall be considered acceptable documentation.~~
25. The pProvider ~~shall not~~does not re-admit a child who has been placed on an antibiotic or other prescription medication until the child has been on the medication for at least twenty-four (24) hours. The decision to care for a child who is ill or to re-admit an ill child ~~shall be~~is made by the provider after evaluating the child's history, symptoms and general condition.

G. I. Child with Parasite Infections

- ~~A child exhibiting signs of a parasite infection, such as scabies or head lice shall be exclude from the home until treated.~~
1. The pProvider ~~shall notifies~~y parent/guardian of all the children in care of possible parasite infestation.
2. The pProvider ~~shall disinfects~~ the home by cleaning all articles that may contain lice or nits such as clothes, towels and bed linens. ~~The provider~~These ~~should bottoms are washed these items~~ in hot water and detergent, or ~~dry cleaned has articles~~ dry-cleaned. Rugs, carpeting and upholstery ~~shall be~~are ~~is~~ vacuumed.

G.H. Reporting Communicable Diseases

1. The pProvider reports communicable diseases in accordance with the Rhode Island Department of Health DOH Rules and Regulations Pertaining to the Reporting of Communicable, Environmental and Occupational Diseases.
~~It is particularly important to report clusters of outbreaks of infectious diseases as outlined in the reporting regulations.~~
2. The pProvider notifies all parent/guardian whenever a reportable communicable disease ~~has been~~is introduced into the group family childcare home.

I. When a Child Becomes Ill in Care Accident or Illness of Child in Care

1. The pProvider ~~shall notify~~~~notifies~~ the parent/guardian immediately when a child becomes ill while in care.
2. ~~The pProvider notifies the parent/guardian as soon as possible of any accident occurring while the child is in care or any situation requiring the child to receive medical attention. Notification is given on the same day that the incident occurs.~~
- ~~2.3.~~ The pProvider offers particular care for an ill child, including a comfortable resting space in a quiet area away from other children within sight of the provider, assistant or emergency assistant.
4. ~~The pProvider keeps a written record in the child's file of any accident or illness that occurs while the child is in care.~~

I.J. Administration of Medication

1. ~~Neither prescribed nor non-prescribed medications are administered to a child without written parent/guardian authorization.~~
~~Provider shall not administer medication to a child without written authorization from parent/guardian.~~
2. ~~Prescribed medication is not administered to a child without a written order from a licensed physician (which may include the label on the medication) indicating that the medicine is for a specifiedthe child. and Mmedication is in the original container.~~

~~Prescription medication shall not be administered to a child without the written order of a physician. A labeled prescription bottle with the child's name, current date and dosage shall be considered acceptable.~~

3. ~~Non-prescription or homeopathic medication shall not be~~ not administered to a child underless than two (2) years of age unless prescribed by a physician.

4. ~~Non-prescription or homeopathic medication shall not be~~ not administered to a child over two (2) years of age for longer than three (3) days without the written authorization of a physician.

5. ~~The pProvider maintains a daily written record of every prescription and non-prescription medication administered. both prescription and non-prescription.~~

a. ~~The written order includes the name of the prescribed medication, circumstances under which it may be~~ administered, dosage and frequency of administration.

b. ~~The provider dispenses all medications.~~

c. ~~The provider maintains, on a daily basis, a written record of every medication administered. This rmedication ecorecord includes the:~~

i. ~~child's name;~~

ii. ~~name and dosage of medication administered;~~

iii. ~~date and time administered;~~

iv. ~~name and signature of the person who administered the medication; and~~

v. ~~name of the licensed physician prescribing the medication.~~

~~Provider shall maintain a written record of every medication administered, both prescription and non-prescription. This record shall include:~~

~~Child's name~~

~~Name and dosage of medication administered~~

~~Date and time administered~~

~~Initials of the provider or assistant administering the medication~~

6. Steps for medication administration:

a. ~~The provider cChecks that the name of the child on the medication and the child receiving the medication are the same.;~~

b. ~~The provider cChecks that the name of the medication is the same as the name of the medication on the instructions. When the instructions are not on the medication container that is labeled with the child's name, the medication is not administered. do not give to the child.;~~

c. ~~The provider rReads and understands the label/prescription directions or the separate written instructions in relation to the:~~

i. ~~-measured dosage.;~~

ii. ~~frequency, route of administration (ex-e.g. bBy mouth, ear canal, eye etc.); and~~

iii. ~~and any other special instructions relative to the medication.;~~

d. ~~The provider oObserves and, reports to the parent/guardian and documents any side effects from medications.;~~

e. ~~The provider Documentdocuments the administration of each dose by the time and the amount given.;~~

~~Document the person giving the medication and any side effects.;~~

f. ~~The provider hHandles and stores all medications according to labeled instructions and regulations. (who's regulations?).~~

~~The Emergency Treatment Form~~

J.K. ~~pProvider shall havehas~~ an Emergency Treatment Form for each child in care that is signed by the parent/guardian and notarized. This form shall beis kept on file for use in the event of an emergency.

1. ~~The pProvider takes this form t shall be taken~~ on field trips and outings away from the home along with the daily attendance sheet.

2. ~~The p~~Parent/guardian ~~shall identify~~identifies two persons ~~who can~~to be contacted in the event of an emergency if ~~the~~ parent/guardian is unreachable. This information ~~shall be~~is reviewed ~~and updated~~ with ~~the~~ parent/guardian every three ~~(3)-months in order to update any changes.~~
3. ~~Positive identification must be~~is obtained from any person(s) ~~or person(s) picking up the child in place of the parent/guardian.~~

~~K.L.~~ First Aid ~~and Communicable Diseases~~

1. ~~Provider shall have~~has ~~W~~ritten instructions relating to first aid and communicable diseases ~~are~~ readily available in the childcare area.
2. ~~There is A~~a first aid kit ~~in the home that~~ is located out of reach of children but easily accessible to the provider and assistant ~~in the home.~~
3. The first aid kit contains ~~no less than~~:
 - a. Adhesive bandages;
 - b. Disposable nonporous gloves;
 - c. Sealed packages of alcohol wipes or antiseptic;
 - d. Scissors, tweezers, thermometer, bandage tape and safety pins;
 - e. Sterile gauze pads;
 - f. Flexible roller gauze;
 - g. Triangular bandages;
 - h. Eye dressing; and
 - i. Cold pack.
4. ~~The p~~Provider does not use Syrup of Ipecac to induce vomiting and ~~it~~ is not included in a first aid kit.
5. The provider restocks the first aid kit after ~~each~~ use.
6. The provider brings the first aid on field trips and outings away from the home.

~~L.M.~~ Caring for Children with ~~a~~ Handicapping Condition or Other Special Needs

- ~~The family childcare home is accessible for children and adults with disabilities in accordance with disabilities requirements including the American with Disabilities Act (ADA).~~
1. When a child with a handicapping condition or special needs is accepted for care, the provider obtains from the parent/guardian written recommendations for any specialized care that the child may require. These recommendations ~~shall~~ come from or ~~be are~~ endorsed by the child's physician or other authorized professional who has evaluated or treated the child.
2. ~~The provider is trained to appropriately address health and safety of children with developmental delays and disabilities, special health and special nutrition needs, including medical needs. Such medical needs may include, but are not limited to, an epi pen, nebulizer and/or insulin injections.~~
3. Care provided to children with special needs is ~~in accordance~~consistent with the child's Individualized Educational Plan (IEP) or the Individualized Family Service Plan (IFSP).
- 2.4. ~~A when a~~Children with special needs play and interact with other children in the group family childcare home.

~~V. Health And Safety Training: The provider~~shall attends specific training to appropriately address health and safety of children with developmental delays and disabilities, special health and special nutrition needs; including medical needs.

~~M.N.~~ Snacks and Meals

1. ~~Written menus for meals and/or snacks are planned on a four week rotating basis and are posted where the~~ parent/guardian ~~can see them.~~
- 1.2. ~~The p~~Provider serves nutritious mid-morning ~~and~~ and mid-afternoon snacks and ~~nutritious~~ meals to the children in care in accordance with the childcare component of the USDA Child and Adult Care Food Programs (CACFP).
3. ~~There is a supply of food available in the group family childcare home to provide nutritional meals to children whose parents do not provide food, and to supplement any foods brought by children, which is not nutritional, or of sufficient quantity.~~

~~2. The provider has nutritious food available to offer a child when the food or snack provided by the parent/guardian is lacking in When parents/guardians provide snacks or other meals, the provider monitors the food to ensure nutritional value.~~

~~3.4. Provider gives offers the parent/guardian written nutritional guidelines for meals and snacks and suggest how they can assist the provider in meeting these guidelines.~~

~~4.5. Whenever possible, the provider sits and eats with the children.~~

N.O. Beverages

1. Infants (birth through eighteen months)
 - a. Infants drink breast milk or iron-fortified infant formula, or a combination of both, for the entire first year.
 - b. Infants do not drink juice until they are six months of age and ready to drink from a cup. The provider does not offer more than four ounces of 100% fruit juice per day. Juice is offered at either meal or snack time; ~~instead of juice is not offered~~ continuously throughout the day. Fruit drinks, punch, soda and other sugar-sweetened beverages are not ~~provided~~ allowed.
2. Toddlers (eighteen months through twenty-four months)
 - a. Toddlers drink pasteurized whole milk. ~~The provider does not serve skim or nonfat, or low fat milk (one percent or two percent) is not served to any toddler.~~
 - b. Toddlers do not drink more than four ounces of 100% fruit juice per day. Juice is served from a cup and is offered at either a meal or snack; ~~instead of juice is not provided~~ continuously throughout the day. Fruit drinks, punch, soda and other sugar-sweetened beverages are not ~~provided~~ allowed.
 - c. The provider has drinking water readily available to the children during the time that they are in care.
3. Children two years and older
 - a. Children two years and older are served skim or nonfat milk or low fat milk (one percent or two percent fat milk) in accordance with guidelines established by the American Academy of Pediatrics.
 - b. The provider does not offer more than six ounces of 100% fruit juice per day. Juice is served from a cup and is offered at either meal or snack time; ~~instead of juice is not served~~ continuously throughout the day. Fruit drinks or punch, soda and other sugar-sweetened beverages are not ~~provided~~ allowed.
- ~~e.4. The provider has~~ Drinking water is readily available to the children during the time that they are in care.

P. Infant/Toddler Feeding

- ~~1. A feeding plan is established for each infant and toddler prior to admission.~~
- ~~2. The plan is developed in consultation with the parent/guardian and based on the recommendation of the child's health care provider.~~
- ~~3. This plan is reviewed at least every six months.~~
- ~~4. Individual feeding plans are followed except for toddlers who are mature enough to eat on a schedule.~~
- ~~5. The infant/toddler feeding program fosters age appropriate learning and pleasurable experiences. The pProvider responds to the clues infants provide for hunger and when they are full.~~
- ~~6. Infants who are unable to sit in feeding chairs are held while being fed. Bottles are not propped at any time and children are not fed in a crib.~~
- ~~7. Children who are not ready for self-feeding are fed by the provider or assistant on a one-to-one basis.~~
- ~~8. Solid foods are introduced to infants and toddlers in accordance with the physician's recommendation or as specified by the parent/guardian.~~

9. Self-feeding is encouraged when age and developmentally appropriate.
 - a. Appropriate finger foods are provided.
 - b. A clean, sanitized training cup is provided for each child ready to begin drinking from a cup.
10. Single use cloths or towelettes are used for washing children's faces and hands before and after eating and as necessary.
11. A heating unit for warming bottles and food is readily accessible.
 - a. Microwaves are not used for heating bottles.
 - b. Only Bisphenol A (BPA) free plastic or glass bottles are used.

Q. Formula

1. Formula provided by the parent/guardian is served according to the manufacturer's instructions.
 - a. All formula is clearly labeled with the child's name and date of preparation, if applicable.
 - b. Bottles provided by parent/guardian are labeled with dates and child's name.
2. Prepared formula or breast milk is used immediately or stored in the refrigerator at 40° F or below. Formula or breast milk is discarded within forty-eight hours of the labeled time.
3. Any formula or breast milk remaining in a bottle after feeding is discarded.
4. Reusable nipples for bottles are washed and sanitized in a dishwasher, with the where water temperature is at least 180° F, or are boiled for at least five minutes.

R. Commercial Baby Food

1. Commercial baby food provided by the parent/guardian, it is in the unopened, original container.
2. Any food remaining in the container after feeding is discarded.

S. Children With Food Allergies Or Special Nutrition Needs

1. For each child with food allergies or special nutritional needs, the provider requests the group family to obtain an individualized care plan from the child's health care provider.
2. The provider protects children with food allergies from contact with the problem food.
3. The provider asks families of a child with food allergies to give consent for publicly posting information about that child's food allergy.
 - a. When consent is given, that information is posted in the food preparation area and in the areas of the group family childcare home the child uses.
 - b. When consent for posting is not provided, then this information is shared verbally with the assistant and emergency assistant(s).

Bucket Seats And High Chairs

- Bucket seats and high chairs are used for feeding and are not used as a form of restraint. Their use is limited to fifteen minutes if other than for feeding. High chairs are equipped with t-straps for safety.

U. Animal Safety

1. Pets, including dogs, cats and other domestic animals, are kept cared for in a safe, clean and sanitary manner and in accordance with state and local requirements.
2. All animals maintained on the premises have up-to-date rabies as required by state law and the rules and regulations promulgated by the Rhode Island Department of Environmental Management.
- All animals maintained on the premises have up-to-date rabies and other vaccinations as required.
3. Children are protected from pets that are potentially dangerous to their health or safety.

D.4. Pets in the group family childcare home are not abused or threatened ~~in the presence of children.~~

E.5. The provider notifies the parent/guardian of the presence of any pets in the home.

V. Storage of Drugs, Medicines and Other Dangerous Substances

1. Drugs and medicines are stored:
 - a. ~~in~~ in the original containers in a clean, dry area out of reach of children;
 - b. in a locked cabinet or a cabinet with functioning childproof latches;
 - c. separately from any items that attract children such as food or candy; and
 - d. in accordance with manufacturer's ~~guidelines~~ instructions.
2. Cleaning materials, detergents, aerosol cans, matches, gasoline, oil, combustible materials and other substances dangerous to children are stored:
 - a. ~~in~~ in the original containers;
 - b. in a locked cabinet or out of the reach of children;
 - c. ~~used~~ in ~~such~~ a way that does not contaminate play surfaces, food or food preparation areas or constitute a hazard to children; and
 - d. in accordance with manufacturer's ~~instructions~~ guidelines.

V. Hand Washing

1. ~~The p~~Provider ~~and,~~ assistants ~~and emergency assistant~~ each wash his or her ~~their~~ hands with liquid soap and warm running water as needed and:
 - a. after each diaper change;
 - b. after each toileting;
 - c. after wiping a runny nose;
 - d. before and after providing medication; and
 - e. before and after any food preparation or service.
2. Children ~~ren~~ wash his/her ~~their~~ hands with liquid soap and warm running water as needed and:
 - a. upon arrival to the ~~group~~ group family childcare home;
 - b. prior to moving from one childcare group to another;
 - c. after each toileting;
 - d. before each meal or snack;
 - e. after wiping or blowing his or her ~~their~~ nose;
 - f. after playing in water used by more than one child;
 - g. after handling pets;
 - h. after playing in sandboxes; and/or
 - i. after any outdoor activities or returning from playground.
3. Sinks used for food preparation or clean up are not used for hand washing after toileting or diaper changing.

W. Cleaning and Sanitizing Routines

1. Products, schedules and procedures used for cleaning are consistent with the recommendations of Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care, A Joint Collaborative Project of the American Academy of Pediatrics, American Public Health Association and National Resource Program for Health and Safety in Child Care.
2. The provider posts and follows a cleaning and sanitation schedule.

X. Diaper Changing Area

1. ~~There is A~~ diaper changing area, ~~that is~~ separate and apart from kitchen counters and dining tables, is maintained.
2. A sink with hot and cold running water for hand washing is accessible to the diaper changing area. Hands are washed with liquid soap and warm running water before and after each diaper change. Non-latex vinyl gloves may be used for personal protection during diaper changing, but do not take the place of hand washing.

3. The diaper changing area is cleaned and sanitized after each use.
 - a. A disinfectant solution of ¼ cup of bleach to one gallon of water or an Environmental Protection Agency (EPA) approved sanitizing agent is readily available in a spray bottle for this purpose.
 - b. The bottle is clearly labeled and ~~kept~~ out of reach of children.
 - c. ~~In order to be effective, the disinfectant solution is allowed to air dry or at least sits on the surface for two minutes before wiping to ensure effectiveness.~~
 - d. When a bleach solution is used, it is changed daily as it only remains effective for twenty-four hours.
4. Soiled diapers are placed in a closed container lined with leak proof disposable lining. The container is emptied ~~and disinfected daily and kept clean.~~
5. ~~If Cloth diapers are used they are not rinsed or dumped of the diapers in the group family childcare home. Diapers have an absorbent inner lining completely contained within an outer covering made of waterproof materials that prevents leakage.~~

Y. Toilet Training

1. Toilet training is consistent with an individual plan, based on the child's readiness and carried out in conjunction with the parent/guardian.
2. There are no routine attempts to toilet train any child under the age of twenty-four months without the consent of the parent/guardian.

Z. For each child under eighteen months of age, a daily log is maintained to record ~~port~~ information on eating, drinking, diaper changing, napping and behavior. This log is provided in writing to the parent/guardian.

AA. Sleeping/Resting Arrangements

1. All providers who care for infants in the childcare home follow safe sleep practices as recommended by the American Academy of Pediatrics (AAP):
 - a. ~~Infants up to twelve months of age are placed for sleep in a supine position (on their back in a crib) for every nap or sleep time unless the infant's primary care provider has completed a signed waiver indicating that the child requires an alternate sleep position.~~
 - Infants are placed for sleep in safe sleep environments which includes a firm crib mattress covered by a tight fitting sheet in a safety approved crib.
 - b. Cribs have a firm mattress covered by a tight fitting sheet and meet the standards and guidelines reviewed/approved by the US Consumer Product Safety Commission (CPSC).
 - c. Infants up to twelve months sleeping in cribs are monitored by in-person checks at least every ten minutes.
 - d. No monitors or positioning devices are used unless required by the child's primary care provider and no other items are in a crib occupied by an infant except for a pacifier.
 - e. Spaces between the upright slats in cribs do not exceed 2 3/8 inches. There are no cutouts in crib head and/or footboards.
 - f. Sheepskins, beanbags, comforters, pillows, quilts, stuffed toys, bumper pads and other soft products are not permitted in infant cribs.
- ~~1.2.~~ There are regular periods of quiet activity or resting/sleeping appropriate to the needs of the children. There is an opportunity for children to rest for at least thirty minutes, but children are not forced to sleep. For children who do not require sleep, time and space is provided for quiet play.
- ~~2.3.~~ While resting or sleeping, children are directly supervised by the provider or an assistant who is on the same floor where the children are sleeping. Monitors do not take the place of in-person supervision. Doors to any room remain open at all times.

- ~~3.4.~~ Lighting to permit appropriate supervision is provided in sleeping areas when children are sleeping or resting.
- ~~4.Children under the age of one year napping in cribs are monitored by in-person checks at least every ten minutes. The provider maintains a written record of crib checks for each child under the age of one year.~~
5. Children's heads and faces are not to be covered at any time while resting or sleeping.
- ~~6.To reduce the risk of Sudden Infant Death Syndrome (SIDS), infants are placed on their backs to sleep unless there are medical orders or a written statement from the parent/guardian requiring alternative positioning.~~
- ~~7.Cribs have firm, well-fitting mattresses and crib sheets. Sheepskins, beanbags, waterbeds, comforters and pillows are not used.~~
- ~~8.Pillows, quilts, comforters, stuffed toys, bumper pads, and other soft products are not permitted in infant cribs.~~
- ~~9.6.~~ Children have their own bedding, which is stored separately to prevent contamination.
- ~~10.Spaces between the upright slats in cribs does not exceed 2 3/8 inches. There are no cutouts in crib head and/or footboards.~~
- ~~11.Children are not in cribs with bottles.~~
- ~~12.7.~~ Cots or mats used for sleeping or resting are at least two inches thick. Children do not sleep or rest directly on the floor.
- ~~13.8.~~ Cots and mats used for sleeping are cleaned daily after each use, or weekly when children do not share cots or mats.
- ~~14.Cribs, pack and plays, and playpens meet Consumer Product Safety Commission Standards and documentation is maintained at the family childcare home.~~
- ~~15.9.~~ Swings, bouncers, infant seats/car seats, infant carriers, carriages or air mattresses are ~~not allowed~~prohibited for sleeping.

BB. Screen Time

1. Screen time is defined as looking at electronic media with a screen, including watching screens while others use the media. For providers that use electronic screen time, it is:
- Not used for children under two;
 - Prohibited during meal and snack times. However, snacks may be provided during occasional group activities;
 - Prohibited ~~for groups~~ when all children ~~in group~~ are birth through twenty-four months of age; and
 - Limited ~~for all other groups~~ whether provider-directed or child-selected activities to:
 - No more than ~~t~~Thirty minutes ~~or less~~ per day for ~~each child or group.~~
 - No more than ~~o~~One hour ~~or less~~ per evening for each child ~~or group~~ in the evening or in overnight care.
2. Exceptions to electronic screen time limitations include:
- Electronic media used for children's homework;
 - E-readers for reading;
 - Smart boards and tablets when used for hands-on learning activities, such as drawing or puzzles;
 - Electronic media involving physical activity participation; and
 - Occasional ~~group~~ activities, such as watching a movie, provided alternate supervised activities remain available to children.

CC. Use of Alcohol or Drugs

- ~~3.1.~~ The pProvider, assistants and emergency assistants do not ~~drink~~consume alcoholic beverages or ~~take~~utilize illegal or tranquilizing drugs while providing

childcare, ~~nor are the providers, assistants and emergency assistants are not~~ in an intoxicated or drugged condition while providing childcare.

4.2. Household members do not drink alcoholic beverages in the presence of children in care.

Smoking

DD. No person smokes or otherwise uses tobacco products within the household or outdoor play area of a group family childcare home, or

G.1. ~~within~~ Within twenty-five feet of the home or outdoor play area, while children are in care. Smoking does not occur in any area on the grounds or premises within the children's view during the time that childcare is being provided.

H.2. Smoking is permitted when childcare is not being provided. The provider notifies ~~the each~~ parents/-guardians ~~of each child~~ that smoking routinely occurs in the home during hours when the childcare program is not in operation.

~~EE. A person whose health or behavior could endanger the health, safety or well-being of children is not permitted to live in the home or be on the premises while children are in care.~~

III. GUIDANCE AND BEHAVIOR MANAGEMENT

A. Positive Behavior Management Techniques

1. The pProvider, assistants and emergency assistants:

a. are positive role models for the children in care.

2.b. use positive, consistent methods in guiding children back on task, in encouraging appropriate behavior and in setting clear limits and rules that children can understand.

3.c. match their expectations with the developing abilities and capabilities of the children.

4.d. praise the accomplishments of the children and encourage their attempts at tasks.

5.e. use positive, firm limit setting in situations in which a child's safety is at stake.

6.f. assist children by redirecting them from inappropriate actions to activities that are more favorable.

~~The p~~Provider ~~shall develops~~ a written behavior management policy that is consistent with ~~these~~ regulations and that.

2. ~~The policy shall be~~ is shared with the parent/guardian when the child is enrolled.

B. ~~Corporal~~ Prohibited Behavior Practices

1. The pProvider, assistant or emergency assistant do not physically restrain children. ~~Restraint This~~ includes ~~restraining~~ keeping or placing a child in a high chair for reasons other than feeding/eating.

2. The pProvider, assistant or emergency assistant do not hit, grab, push, or pull the children or engage in any form of corporal punishment.

3. Children are not subjected to cruel or severe punishment, humiliation, physical punishment, threats or verbal abuse (including yelling, screaming or derogatory remarks).

4. Children are not ignored or neglected.

5. Children are not deprived of meals, snacks, physical activity or outdoor play as a reward or behavior consequence. Exemptions may only be made when specifically stated in a child's Individualized Education Plan (IEP) or Individual Family Service Plan (IFSP).

6. Children are not ~~be~~ punished for soiling, wetting or not using the toilet.

7. Children are not subjected to ~~excessive~~ time-out ~~that~~. Time-out may not exceeds one minute for each year of the child's age. All time-out and takes place within the view of the provider, assistant or emergency assistant's ~~view~~.

IV. FIRE DRILLS, EVACUATION PLANS AND EMERGENCY PREPAREDNESS

Emergency Evacuation Plan:

~~B.A. The provider shall have a written emergency plan for that describes the practices and procedures for evacuating the children from the home in case of fire or other disaster.~~

~~This plan shall be updated annually and includes the following:~~

- ~~1. Clear instructions for contacting parent/guardians and emergency contacts.~~
- ~~2. Two (2) means of exiting the home.~~

~~Assistants and emergency assistants shall have knowledge of and be able to implement this plan.~~

~~A graphic evacuation plan shall be posted in each room where child care is provided.~~

~~Parent/guardians must be provided with a written copy of the emergency plan.~~

~~Practice evacuation drills shall take place once a month.~~

~~Practice evacuation drills take place once a month. Both obstructed and unobstructed drills are conducted. A record of such drills is maintained.~~

Emergency Preparedness

~~Provider develops and implements a written plan that describes the practices and procedures they use to prepare for and respond to emergency or disaster situations.~~

~~General emergency plan includes procedures described in this section and individualized to program and hours of operation.~~

~~The provider's plan is followed, unless children's safety is at risk.~~

3. Emergency plan includes Procedures for:

- ~~a. Serious injuries or illnesses;~~
- ~~b. Suspected child poisonings and known exposure to toxic substances;~~
- ~~c. Outbreaks of infectious diseases, including pandemic influenza;~~
- ~~d. Weather conditions, including tornados, floods, blizzards, hurricanes and ice storms;~~
- ~~e. Fires, including wildfires;~~
- ~~f. Man-made disasters, including chemical and industrial accidents;~~
- ~~g. Human threats, including bomb threats and terrorist attacks;~~
- ~~h. Potentially violent situations in the home, including individuals with threatening behaviors;~~
- ~~i. Lost or abducted children;~~
- ~~j. Utility disruption, including electricity, water and telephone;~~
- ~~k. Other natural or man-made disasters that could create structural damage to home or pose health hazards.~~
- ~~l. Accounting for each child's location on a continual basis during emergencies.~~
- ~~m. Shelter-in-place for short or extended time periods that require children to stay in the home.~~
- ~~n. Lock-downs for situations threatening safety, such as shootings, hostages or intruders. Lock-down procedures include:~~
 - ~~i. Notifying the police;~~
 - ~~ii. Keeping children in designated safe locations in the home;~~
 - ~~iii. Encouraging children to remain calm and quiet;~~
 - ~~iv. Securing home entrances; and~~
 - ~~v. Ensuring unauthorized individuals do not enter the home.~~
- ~~o. Evacuation for situations that require children leave the home. Evacuation procedures include:~~
 - ~~i. Evacuation routes; and~~
 - ~~ii. Pre-determined meeting location.~~

- p. Relocation plan for situations that require children move to an alternate location.
- 4. The ~~e~~Emergency plan includes individualized procedures for addressing child needs with additional necessary considerations for children:
 - a. Two years of age and younger.
 - b. With ~~d~~Disabilities, developmental delays or medical conditions, including individualized evacuation plans for these children.
- 5. The ~~e~~The ~~e~~time periods, The ~~e~~the police; The ~~e~~. The ~~e~~. The provider ensures that the assistants and emergency assistants have knowledge of and are able to implement this plan.
- 6. A graphic evacuation plan is posted in each room in which childcare is provided.
- 7. The parent/guardian is provided with a written copy of the emergency plan.
- 8. Practice (obstructed and unobstructed) evacuation drills are conducted once a month. A record of such drills is maintained.

~~G~~.B. Candle Use and Flashlights in Emergency Situations

- 1. The ~~p~~Provider has a flashlight, in working condition, readily and available for use in the event of a power failure or other emergency situation.
- 2. Candles and oil lamps are not used as a lighting source during power outages.

~~3~~.C. The ~~p~~Provider has a written plan for handling personal emergencies and updates it annually. An emergency is defined as an unplanned absence from the home because of illness or accident. It is of short duration, generally lasting no more than three hours per day, and does not extend beyond three consecutive working days.

- ~~D~~.1. The provider has at least two individuals, who are approved by the Department as emergency assistants, readily available in the event of an emergency. At least one emergency assistant is no more than ten minutes away from the childcare home.
- ~~1~~.2. An ~~individual emergency assistant~~ does not serve as the emergency assistant for more than two licensed providers.
- ~~2~~.3. An emergency assistant is available to the provider ~~in case of an emergency~~ for the entire time the ~~group~~ family childcare home is in operation.
- 4. The ~~p~~Provider notifies the Department of any change in emergency assistants.
- 5. The ~~p~~Provider informs the parent/guardian of the children in care of the names of the emergency assistants.
- 6. The provider closes, discontinues care of all children, notifies the licensing worker by telephone ~~(and follows~~ up with the Department in writing within twenty-four hours when an emergency requires the provider to leave the home for more than three consecutive days).

V. ENROLLMENT AND STAFFING

- A. A group family childcare home provider with approved assistants cares for no more than twelve children at any time.
- B. There are approved assistants in the home, assisting the provider with the care of the children at all times when childcare is being provided.
- C. There are no more than eight children under the age of eighteen months in childcare at any time. When there are more than four children under the age of eighteen months of age in childcare, the provider has two approved assistants in the home who are directly involved with the care of the children.
- D. The following staff/child ratios are maintained at all times in a group family childcare home:
 - 1. Children ages 0 - 18 months - 1 staff for every 4 children.
 - 2. Children ages 18 months and older - 1 staff for every 6 children.

- E. Maximum number of children for childcare when there are children living in the home
1. Children under six years of age who live in the home are counted in determining the maximum number for licensure.
 2. More than two children between six and twelve years of age who live in the home and are present for four consecutive hours or more during the period that childcare is provided are counted in determining the maximum number for licensure.
 3. Exceptions may be made to the adult/child ratios for the provider's children on snow days, sick days, holidays and one week school vacations.
 4. To determine the adult/child ratio, children of assistants who are in care in the home are counted in the appropriate age groups.

B.F. Supervision

1. Children are under the direct supervision of the provider, assistant and/or emergency assistant at all times. The provider, assistant and/or emergency assistant supervise all aspects of the program, including toileting, resting or sleeping, eating, indoor and outdoor play.
2. Children ~~shall not be~~ under the care or supervision of family members who have not been approved as assistants or emergency assistants.
~~Children shall not be under the care or supervision of a visitor nor shall they be left alone with a visitor.~~
3. Visitors and/or guests ~~shall not be~~ in the home during the hours child-care is being provided.

G. ~~C. Night-Time Care:~~

1. Under no circumstances ~~is a child in care~~ does a child in care remain in the group family childcare home for over fifteen (15) consecutive hours.
2. The ~~p~~Provider ~~is~~ are required to be awake at all times when the children are in care.
3. The ~~A~~provider, assistant and/or the emergency assistant ~~must remain~~ with the children at all times.
4. Emergency lighting devices are installed throughout homes that provide night care.
5. Arrangements are made for personal hygiene, including bathing and tooth brushing.
6. Privacy is ensured while for children while they are washing and/or when they are changing clothes.

H. ~~D. Provider Time out of the home~~ Off Premises

1. Without an approved assistant, ~~a~~A provider without an approved assistant ~~shall be~~ is on the premises, directly supervising the children at all times when children are in care.
2. The ~~p~~Provider may be out of the home due to health related appointments or classes/training related to ~~child care~~childcare that cannot be scheduled when ~~child care~~childcare is not being provided.
~~The provider shall have appropriate number of assistants to meet the required adult/child ratios as stated in A through C above.~~
3. The ~~p~~Provider with an assistant is present in the home at least 85% of the weekly operating hours~~???~~ as evidenced by written attendance records.
4. When a provider ~~will be~~ is out of the home, the parent/guardian of the children in care ~~shall be~~ are notified and ~~given~~provided with the names of the assistants and emergency assistants who ~~will be~~ are caring for the children.

I. ~~E. Other Employment:~~

1. The provider is prohibited from conducting business, other than childcare, in the home during hours children are in care.
2. The provider ~~primary caregiver~~ is not employed outside of the home during hours care is provided.
3. ~~F. The p~~Provider ~~shall~~ works no more than fifteen ~~(15)~~ hours in a twenty-four ~~(24)~~ hour period, including ~~child care~~childcare and any other employment.

J. The provider ~~shall be~~ awake at all times during the hours that ~~child care~~childcare is being provided.

K. ~~G. The p~~Provider ~~shall be~~ responsible for the supervision of assistants and ~~shall~~ ensures that assistants are directly involved with the care of the children. The provider maintains ~~written work schedules~~~~shall b~~.

VI. QUALIFICATIONS OF PROVIDER, ASSISTANTS AND EMERGENCY ASSISTANTS

A. Requirements for the Provider:

1. Is at least twenty-one years of age and shows evidence of having completed one of the following:
 - a. An associate's or higher level degree from an approved/accredited post-secondary institution in Child Development, Early Childhood Education or a field directly related to the care of young children.
 - b. A Child Development Associate Certificate (CDA) in Family Childcare.
 - c. A certificate in Child Development from an approved/accredited post-secondary institution, and at least two years of experience operating a licensed home childcare program.
 - d. A high school diploma from an accredited institution or a General Educational Development (GED), completion of at least three courses related to the care of young children at an accredited post-secondary institution and a minimum of five years of experience operating a licensed home childcare program. An online High School Diploma is not acceptable.
 - e. National Association for Family Childcare (NAFCC) or equivalent accreditation approved by the Department.
2. The provider shows evidence of:
 - a. Current certification in pediatric CPR and First Aid from the American Heart Association or the American Red Cross.
 - a. Approved Family Childcare Training Program.
 - b. Department orientation to Family Childcare.
3. Completes a minimum of fifteen hours of training (in addition to the required pediatric CPR and First Aid training) every year. Refer to F. Professional Development for approved training topics.
4. Submits a medical reference from a physician stating that there are no concerns with the provider's physical, mental and emotional health which could affect his or her ability to care for children.
5. Completes a criminal records check including fingerprinting and a clearance of agency activity check, with no disqualifying results found. Refer to DCYF Policy 900.0040: Criminal Records Checks and DCYF Policy 700.0105: Clearance of Agency Activity.

B. Requirements for the Assistant:

1. The assistant is at least eighteen years of age and shows evidence of completion of:
 - a. High school diploma from an accredited institution or General Educational Development (GED). An online High School Diploma is not acceptable.

- b. Current certificate in pediatric CPR and First Aid from the American Heart Association or the American Red Cross.
2. The assistant completes a minimum of eight hours of training (in addition to the required pediatric CPR and First Aid) every year. Refer to F. Professional Development, for approved training topics.
3. The provider is responsible for maintaining documentation of the assistant's completed training hours.
4. Receives a medical reference from a physician stating that there are no concerns with the assistant's physical, mental and emotional health which could affect his or her ability to care for children.
5. Completes a criminal records check including fingerprinting and a clearance of agency activity check, with no disqualifying results found. Refer to **DCYF Policy 900.0040: Criminal Records Checks** and **DCYF Policy 700.0105: Clearance of Agency Activity**.

C. Requirements for the Emergency Assistant:

1. The emergency assistant is at least eighteen years of age.
2. May not be a provider for any other licensed group family childcare home.
3. Receives a medical reference from a physician stating that there are no concerns with the emergency assistant's physical, mental and emotional health which could affect his or her ability to care for children.
4. Completes a criminal records check including fingerprinting and a clearance of agency activity check, with no disqualifying results found. Refer to **DCYF Policy 900.0040: Criminal Records Checks** and **DCYF Policy 700.0105: Clearance of Agency Activity**.

G.D. General Physical and Mental Health Requirements

- ~~2.1.~~ The physical, mental and emotional health of household members do not interfere with the provider's child caring responsibilities.
~~The provider's family members and others living in the home accept the children in care and provide a constructive influence. There must be an indication of a stable and harmonious home life. This is not regulatory language. This must be defined in terms of permissible regulatory language that gives clear and consistent direction to all who read it.~~
2. Female providers, assistants and emergency assistants of 35 years of age and under shall have a rubella (German measles) susceptibility blood test or show proof of immunity by previous testing or produce a record of having received rubella vaccine. Provider, assistant and emergency assistant are immunized in accordance with the Rules and Regulations Pertaining to Immunization and Communicable Diseases in Preschool, School, Colleges or Universities of the Rhode Island Department of Health.;
<http://www.health.ri.gov/immunization/for/schools/>.

E. ~~E.~~ Orientation:

1. The provider ~~shall provide~~ provides a formal orientation for all new assistants with a formal orientation.
2. The ~~A signed and dated description of the information covered in the orientation shall be is kept on file in the home for review by the Department representative during monitoring visits.~~ provider orients a new assistant within the first week of work in the group family childcare home. The orientation includes a review of (and written copies are provided) of:
 - a. The **Group Family Childcare Home Regulations for Licensure**.
 - b. State law governing child abuse and neglect.
 - c. Policy and procedures and other information specific to the operation of the childcare home.
 - d. RI Early Learning and Development Standards.

- ~~_____ A signed copy of this orientation plan is maintained in the employees file, including acknowledgement of receiving the above documentation.~~
3. ~~The assistant signs off on the orientation plan acknowledging receipt of a formal orientation. A signed copy of the orientation plan in the orientation is kept maintained in the file on file in the home for review by the Department during monitoring visits.~~

F. ~~F. PROFESSIONAL~~ Professional Development:

- ~~_____ The provider shall complete a minimum of 24 hours of training every two years~~
1. ~~Training shall be in topic areas relevant to the care of young children.~~
- a. ~~The provider maintains documentation of completed training hours in areas relevant to the care of young children.~~
- b. ~~Training covers a variety of subject areas, such as health, safety, and nutrition (e.g., healthy eating, childhood obesity, breastfeeding), communication with parent/guardian, child development, infant care and development, developmentally-appropriate activities, child abuse and neglect, ethics and cultural competency.~~
- c. ~~Training may consist of workshops, seminars, presentations, speaking programs or conferences by recognized professionals, online courses, college courses taken at an accredited institution of higher education and any course taken towards earning the Child Development Associate (CDA) Credential.~~
2. ~~Webinars, books, magazine articles and newsletters do not fulfill training requirements and shall not be counted toward professional development credits.~~

VII. ~~SECTION V. ADMINISTRATION~~

A. ~~A. Liability Insurance~~

1. ~~The pProvider shall have maintains liability insurance covering the child care/childcare program.~~
- ~~_____ Coverage is at least \$200,000 for each occurrence of negligence.~~
2. ~~_____~~

B. ~~B. Transportation of Children~~

1. ~~The provider, assistant and/or emergency assistant possess a valid Rhode Island driver's license when transporting children.~~
2. ~~The provider, assistant and/or emergency assistant follows the requirements of RIGL 31-22-11.6 Child Care Vehicles and School Extra-Curricular Vehicles whenever transporting children.~~
3. ~~The pP, and/or emergency assistant follows the requirements of Rhode Island General Law RIGL § 31-22-22 Safety Belt Use — Child Restraint whenever transporting children. Children shall are never left not be left unattended in a vehicle at anytime.~~
4. ~~Station wagon T tailgates and rear windows shall be kept closed at all times when children are being transported.~~
5. ~~The pProvider must obtains written permission from parent/guardians before transporting children in any type of motor vehicle, and maintains written permission in the child's file.~~

~~C. Written Behavior Management Policy~~

~~D. The Off PREMISIS Premises Permission:~~

~~_____~~ ~~p~~Provider ~~shall~~ obtains written permission from the parent/guardian to take the child off the premises of the group family child care/childcare home .
C. ~~Such permission shall be~~ is obtained prior to every activity.

D. ~~E.~~ Release Of Children

1. ~~23-28.15-21 Release of children to proper persons. — Every operator/provider, employee/assistant and/or emergency assistant, prior to releasing physical custody of any child to any person, shall first ensures~~ that the person to whom physical custody is released is a proper person for such custody, (in compliance with RIGL ~~hode Island General Law § 23-28.15-21 Release of Children to Proper Persons~~). (~~http://webserver.rilin.state.ri.us/Statutes/TITLE23/23-28.15/23-28.15-21.HTM~~).);
2. A proper person for such custody ~~shall be~~ is a person whose name has been furnished and updated annually to the provider by a parent/guardian of such child, and whose identity ~~can be~~ is verified by a ~~proper~~current identification card bearing his/her photograph
3. The ~~p~~Provider calls the police for assistance and ~~shall not~~does not release the child when the parent/guardian or other person picking up the child appears to be under the influence of alcohol or drugs. ~~when that person is going to be transporting the chil~~

E. ~~F.~~ Admission Forms:

1. Prior to the admission of a child, the provider ~~shall~~ obtains in writing from the parent/guardian ~~the following information:~~
 - a. Child's full name, address and verified date of birth.
 - b. Name, address and phone number of the parent/guardian.
 - c. Address and phone number at which the parent/guardian can be reached during the hours that the child is in care.
 - d. Names, addresses and phone numbers of two ~~(2)~~relatives or friends ~~who can to~~ be contacted in any emergency when the parent/guardian cannot be reached.
 - e. ~~Written p~~Permission for the provider to act in an emergency. (~~refer to Section II. Health, Safety, and Nutrition.~~)
 - f. Names and addresses of all persons who are authorized to take the child from the child-care home.
 - g. Copies of any pertinent custody information or restraining orders.
 - h. Child's eating and sleeping habits, food preferences, allergies and any special medical or emotional problems.
 - i. Name of any health insurance plan and policy number under which the child is covered.

~~_____~~ ~~G.~~ Personnel Policies And Procedures:

~~_____~~ ~~I.~~ Record-Keeping:

- F. ~~An appropriate system of record-keeping shall be~~ is established ~~and suitable files and space shall be~~ is provided within the home for the ~~various records to be maintained~~appropriate maintenance, protection and confidentiality of records and reports.
1. The provider ~~shall~~ maintains a separate file for each child in care.
 2. Files ~~shall be~~are kept/stored together in a readily accessible place.
 3. The file ~~shall~~ contains all information gathered on the child, including medical forms, emergency treatment forms, ~~child-care/childcare~~ agreement with the parent/guardian and permission forms.
 4. All information about a child in care ~~shall be~~ is kept confidential and ~~shall not~~is not ~~be~~ released to any person without the written permission of the parent/guardian. Such permission is maintained in the child's file.

~~_____~~ ~~L.~~ The Confidentiality:

- ~~G. Provider shall have~~ a written confidentiality policy that requires requiring all assistants, emergency assistants, and consultants to maintain confidentiality of child, group family and staff information included in files, conversations, observations, meetings, correspondence or any other source.
~~Information contained in a child's record shall is only be released with written authorization from the child's parent/guardian.~~
~~The home shall maintainmaintains such authorization on file.~~
~~The provider shall have procedures to ensure the appropriate implementation of this policy.~~
- ~~H. The pProvider does not discriminate in providing childcare on the basis of race, color, national origin, sex, gender identity or expression, sexual orientation, religious belief, political belief or~~ disability.
- ~~I. The pProvider works collaboratively with eEarly iIntervention and sSpecial eEducation providers, and in partnership with the family, to support the health, safety and early learning development of children with disabilities, developmental delays and special health care needs.~~
- ~~J. M. Program Evaluation: At least annually, families, the provider and other professionals shall be~~ are involved in evaluatevaluating the program's effectiveness in meeting the needs of the children.
- ~~K. Family Engagement~~
- ~~1. The group family childcare home is open to the parent/guardian for visits whenever the program is in operation.~~
 - ~~2. The child and parent/guardian are offered opportunities to visit the group family childcare home one or more times before enrollment.~~
 - ~~3. The provider has a plan for communicating with the parent/guardian.~~
 - ~~a. Means of communication may include conferences, handbooks, newsletters, bulletin boards and notes.~~
 - ~~b. When children under the age of eighteen months are in care, written daily communication includes references to the child's mood, health, feeding, sleeping, toileting and activities.~~
 - ~~c. Daily communication for children over eighteen months covers the same areas but may be verbal.~~
 - ~~4. The provider maintains a directory of professional community services and makes relevant information available to the parent/guardian as needed.~~
- ~~L. Child Outreach Screening~~
- ~~1. The provider works collaboratively with the parent/guardian, local school districts and/or local education authorities (LEA) to ensure that all children in the group family childcare home ages three to five have the opportunity to participate in a child outreach screening.~~
 - ~~2. The provider does not use the screening to label a child, determine a child's placement, or deny a child's entrance into their home or to infer a child's readiness.~~

~~VIII. SECTION VI. ACTIVITIES, MATERIALS AND EQUIPMENT:~~

- ~~A. The provider ensures a culturally competent curriculum by providing materials that represent and value the home languages, races, abilities and culture of the children in care.~~

~~Curriculum~~

~~_____~~ The curriculum ~~shall~~ clearly evidences an understanding of the needs of children and provides for their growth through enriching and stimulating experiences, suited to their age levels and stages of development.

~~B.~~ The curriculum ~~it shall~~ includes:

1. ~~_____~~ developmentally-appropriate activities;
2. ~~_____~~ daily schedule;
3. ~~_____~~ home environment (and materials);
4. ~~_____~~ physical activity;
5. ~~_____~~ nurturing relationships; and
6. ~~f~~Family partnerships.

~~_____~~ Documentation of planning shall be kept readily available for at least the previous three months to demonstrate use of planning.

C. ~~Planning:—~~The provider maintains written weekly plansning that details on a weekly basis, and are informed by Rhode Island Department of Education's the Rhode Island Early Learning and Development Standards. Documentation of planning is kept readily available for the previous three months.

~~G-D.~~ Developmentally-Appropriate Activities

1. ~~The p~~Provider is directly involved in activities that focus on the developmental needs, interests and strengths of the children in care.
2. The provider uses developmentally appropriate and culturally competent practices, incorporating child-centered, child-initiated and provider-guided play activities.
3. The provider offers a variety of developmentally appropriate activities, guided by the Rhode Island Early Learning and Development Standards (~~http://www.ride-ri.gov/Portals/0/Uploads/Documents/Instruction-and-Assessment-World-Class-Standards/Early-Childhood/ELDS/2013_Early_Learning_and_Development_Standards.pdf~~), and related materials, that are selected to emphasize concrete experiential learning through play to achieve the following goals:
 - a. promote learning through spontaneous and directed play activities;
 - b. enhance each child's unique potential for learning across all developmental domains;
 - c. foster each child's physical health, development and coordination;
 - d. support each child's language development, communication and emergent literacy skills; and
 - e. ~~e~~foster cognition, executive function and approaches to learning (cognition and general knowledge).

~~E.~~ Daily Routine And Scheduling:

1. ~~The p~~Provider follows a regular daily schedule, ~~shall have~~ with a written plan of activities and routines that meets the developmental, cultural, and individual needs of the children in care.
2. The daily routine ~~shall~~ includes all of the following:
 - a. ~~_____~~ Physical activity and quiet play.
 - b. ~~_____~~ Indoor and outdoor play as weather permits.
 - c. ~~_____~~ DevelopmentallyAge appropriate health routines such as toileting, hand washing, tooth brushing, resting or sleeping and eating.
3. Children are not ~~le placed~~ for more than thirty (30) minutes while awake in playpens, swings, cribs, high chairs, or stationary activity centers.
4. ~~P~~However, planned or routine activities ~~shall~~may be changed to meet the interests and needs of the children or to cope with weather changes or other ~~situations which~~situations that affect routines.

~~F.~~ Physical Activity:

1. ~~The p~~Provider participates, when able, in physical ~~—~~activity with children for at least an hour each day.
2. The indoor and outdoor environments ~~shall both be~~are utilized for all children to engage in physical activity each day.

G. Indoor And Outdoor Play Materials And Equipment

1. The provider ~~shall have~~has available ~~an ample~~a variety of materials to promote exploration in indoor and outdoor play, such as art supplies (paints, crayons, paste, scissors), blocks and block accessories, books, large muscle equipment (wheel toys, climbers, balls), manipulative toys (busy-boxes, puzzles, small building sets), musical equipment (rattles, instruments, audiotapes) and dramatic play materials (dress-up clothes and puppets).
2. Play materials ~~must be~~are culturally ~~competently inclusive~~and appropriate to the age, number, growth and developmental needs of the children in care.
3. ~~Materials that require supervision shall be~~are stored out of reach of children.
~~Television/video viewing shall be limited, and when utilized shall be appropriate for the age and developmental level of the children in care.~~
4. All equipment and materials ~~shall be~~are free from hazards such as lead paint, insects, protruding nails or rust ~~that may be dangerous to children and shall be~~kept clean and in good repair.
5. Infants and toddlers ~~shall be~~are protected from objects that could be swallowed.
6. The use of walkers with wheels is prohibited.
7. Toys that explode or shoot, such as caps, guns and darts, ~~shall not~~are prohibited ~~be allowed~~.
8. Balloons ~~shall only be~~are only allowed for special occasions such as birthdays, ~~and their use shall be~~are used under close adult supervision.
9. Outdoor sandboxes ~~shall be~~are kept covered when not in use.
10. Outdoor climbing equipment five ~~(5)~~ feet high or over ~~shall have~~has ~~adequate~~at least six inches of cushioning material underneath.
11. The use of trampolines is prohibited.
12. Any equipment covered by the U.S. Consumer Product Safety Commission Standards federal ~~shall~~complies with such standards when used for ~~child care~~ ~~which is covered by federal regulations~~childcare.
13. The provider ~~shall be~~is alert and aware of safety dangers, such as peeling paint, uncovered sandboxes, debris and animal waste when children are taken to a public playground.

H. Infant/Toddler Materials:

1. Materials ~~shall be~~are provided which stimulate infant development.
2. A selection of the following types of play things ~~shall be~~are provided:
 - a. Blocks;
 - b. Busy Boards;
 - c. Balls;
 - d. Cuddly toys;
 - e. Pull toys;
 - f. Sorting toys;
 - g. Kitchen toys;
 - h. Musical and auditory stimulation toys;
 - i. Nesting and stacking toys;
 - j. Rattles and squeeze toys;
 - k. Mirrors;
 - l. Books;
 - m. Mobiles and cradle gyms;
 - n. Climbing equipment;
 - o. Riding Toys.

~~Toddler And Preschool Materials:~~

I. ~~The indoor and outdoor environment for toddlers and children shall be~~ organized and equipped with clearly defined learning areas which include, at a minimum, areas devoted to:

1. ~~construction;~~
2. ~~dramatic play;~~
3. ~~discovery;~~
4. ~~sensory play;~~
5. ~~books;~~
6. ~~large motor activity;~~
7. ~~manipulatives; and~~
8. ~~creative expression, including music.~~

J. ~~Learning Environment: The learning environment in the group family childcare home shall be designed to provide~~ the children with opportunities to learn through active exploring, interacting with other children and adults and with the materials provided.